

Primary Care & Home Health Care Provider Satisfaction Survey Wisconsin Partnership Program, October 2001

Description of Survey Process

In the summer of 2001, Center staff together with staff from the Partnership organizations developed a provider satisfaction survey. The survey was mailed in October 2001 to all 293 primary care and 67 home health care providers contracting with the Wisconsin Partnership Program (WPP). Close to 43% of the surveys were completed and returned (detail provided in the table below).

The survey's method was not probabilistic meaning that the entire provider population was selected while only those surveys that were voluntarily returned are analyzed. This approach was utilized in light of the limited and manageable size of the population. While conducting the survey on the entire population allows us, with the use of the appropriate statistical tests, to make informed inferences to future and similar populations, the voluntary nature of the responses should interject more caution in interpreting the findings because of potential biases due to self-selection. In other words, our ability to infer may be reduced by the possibility that the returned surveys are not fully representative of the entire population/universe. However, with proper matching and controlling and with a sufficient proportion of completed surveys, certain conclusions can be reasonably drawn for the populations.

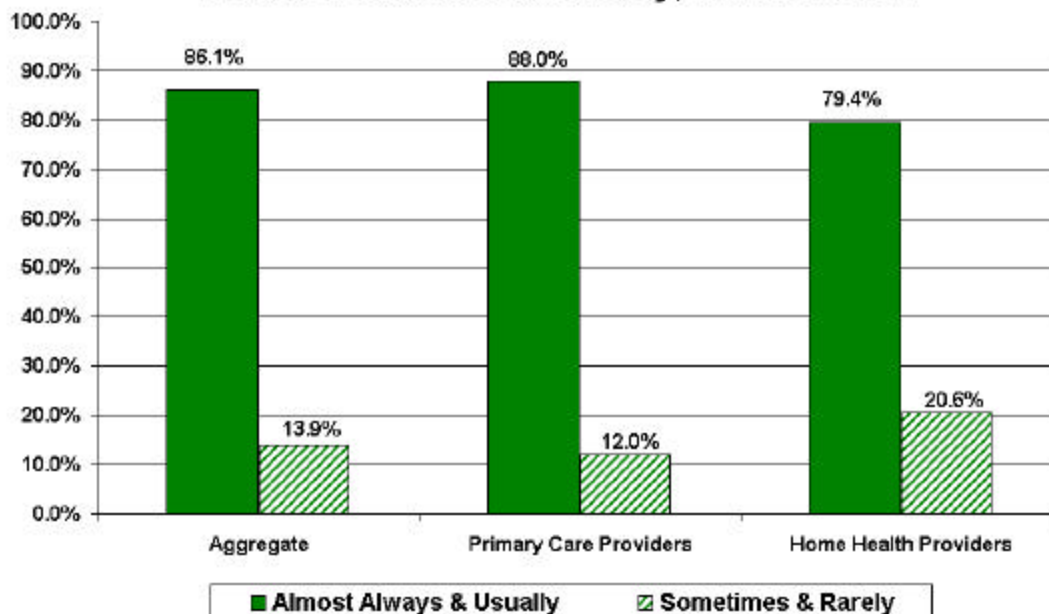
The following table summarizes the number of surveys sent and returned. A copy of the survey is attached at the end of this paper.

	# Surveys Sent		# Surveys Completed		% Surveys Completed	
	Primary Care	Home Health	Primary Care	Home Health	Primary Care	Home Health
CCE	41	13	15	8	36.6%	61.5%
CHP	139	42	48	21	34.5%	50.0%
CLA	48	7	24	4	50.0%	57.1%
Elder Care	65	5	32	1	49.2%	20.0%
Total	293	67	119	34	40.6%	50.7%

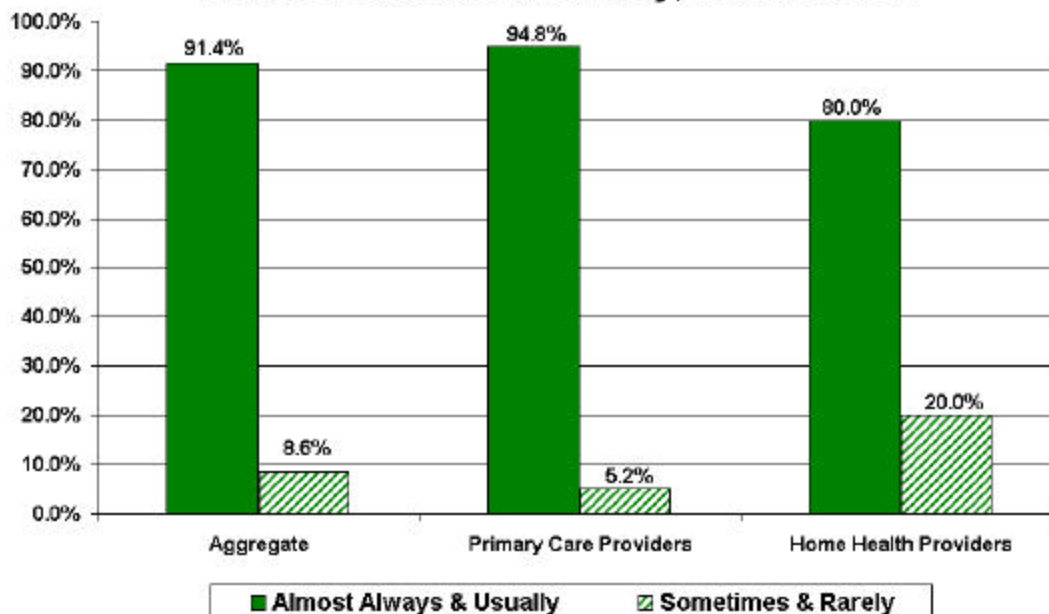
Survey Findings: Comparing Responses By Provider Type

The following graphs compare the responses between primary care providers, home health care providers and the two groups combined for all of the questions. Only the primary care providers were asked to respond to the last three questions about the Partnership model, accessibility of the nurse practitioner, and access to out-of-network providers.

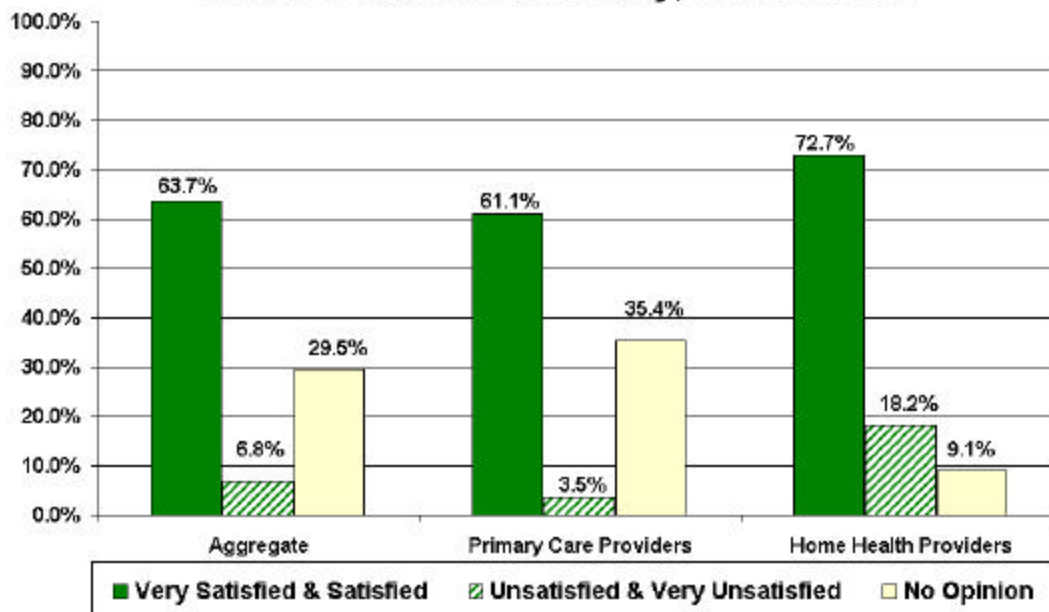
"Do you have the needed background information?"
Responses by Provider Type,
Provider Satisfaction Survey, October 2001



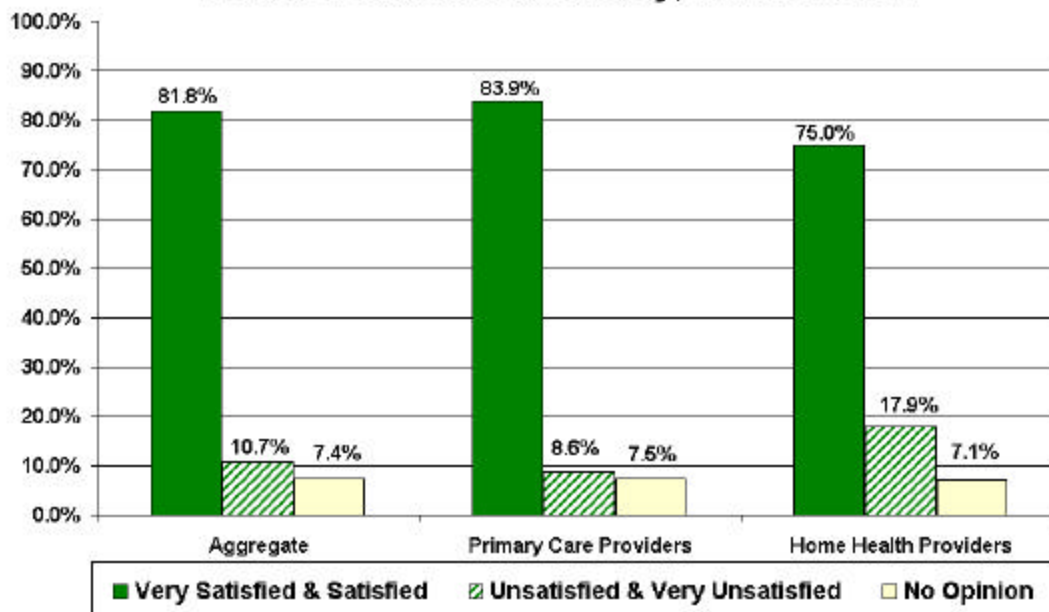
"Do you receive requested information timely?"
Responses by Provider Type,
Provider Satisfaction Survey, October 2001



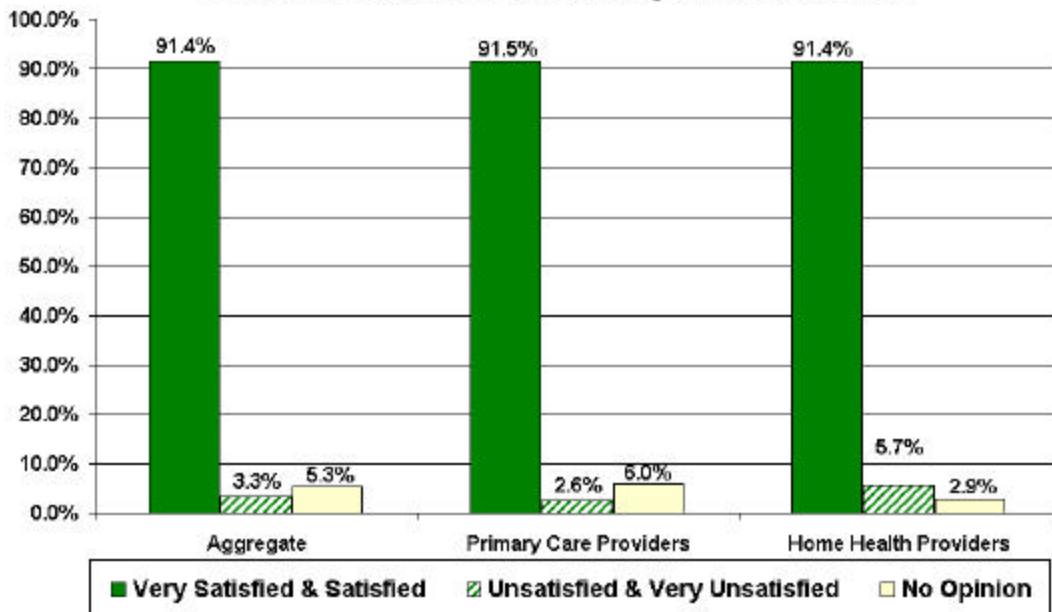
**"How satisfied are you with appropriate reimbursement?" Responses by Provider Type,
Provider Satisfaction Survey, October 2001**



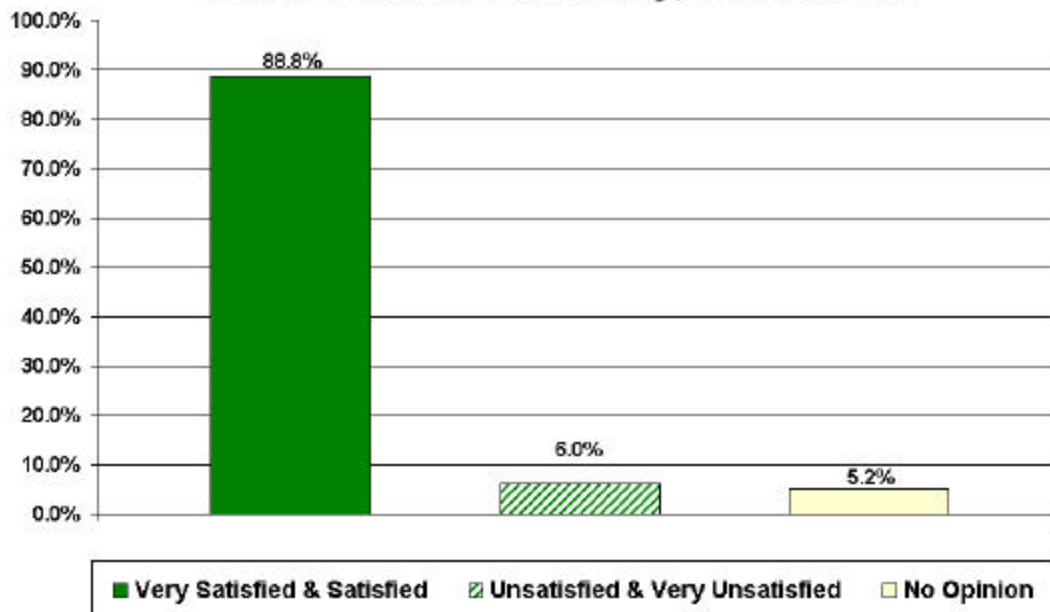
**"How satisfied are you with the amount of paperwork?" Responses by Provider Type,
Provider Satisfaction Survey, October 2001**



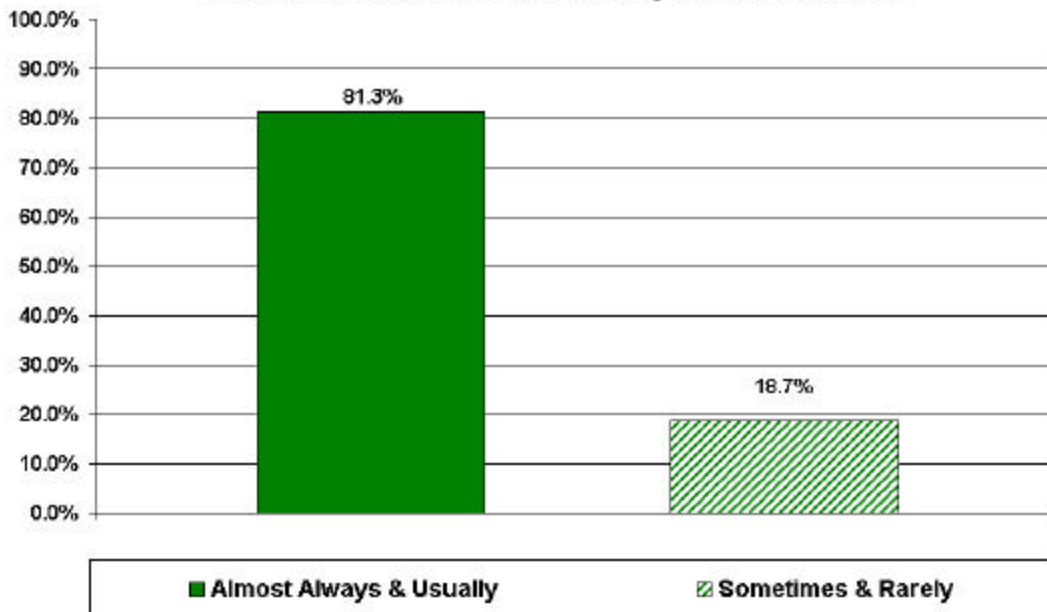
**"How satisfied are you with the amount of phone work?" Responses by Provider Type,
Provider Satisfaction Survey, October 2001**



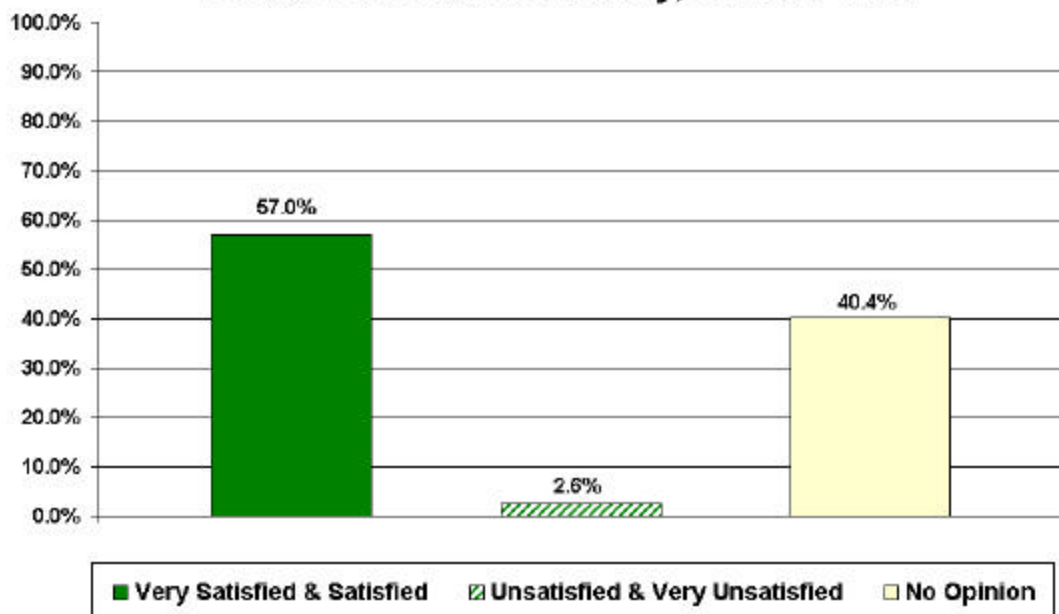
**"How satisfied are you with the Partnership Program model?" Primary Care Providers Responses,
Provider Satisfaction Survey, October 2001**



**"How accessible is the nurse practitioner?"
Primary Care Providers Responses,
Provider Satisfaction Survey, October 2001**



**"How satisfied are you with access to out-of-network providers?" Primary Care Providers Responses,
Provider Satisfaction Survey, October 2001**



Summary of the Findings that Compare Provider Types

- On all items the level of satisfaction is significantly higher than the level of dissatisfaction among the providers who completed the survey.
- The primary care providers who completed the survey were more satisfied than the home health care providers who completed the survey for the following questions:
 - 88.0% of primary care providers “almost always and usually” have the needed background information to provide services compared to 79.4% of home health care providers;
 - 94.8% of primary care providers “almost always and usually” receive requested information timely compared to 80.0% of home health care providers;
 - 83.9% of primary care providers are “very satisfied and satisfied” with the amount of paperwork compared to 75.0% of home health care providers.
- More than one-third of the primary care providers who completed the survey had “no opinion” about satisfaction with reimbursement and access to out-of-network providers.
- 88.8% of the primary care providers who completed the survey are “very satisfied and satisfied” with the Partnership Program model.
- Most primary care providers who completed the survey have satisfactory access to the nurse practitioner. However, 18.7% of these providers rated the accessibility of the nurse practitioner as “sometimes and rarely”.

Discussion of the Findings

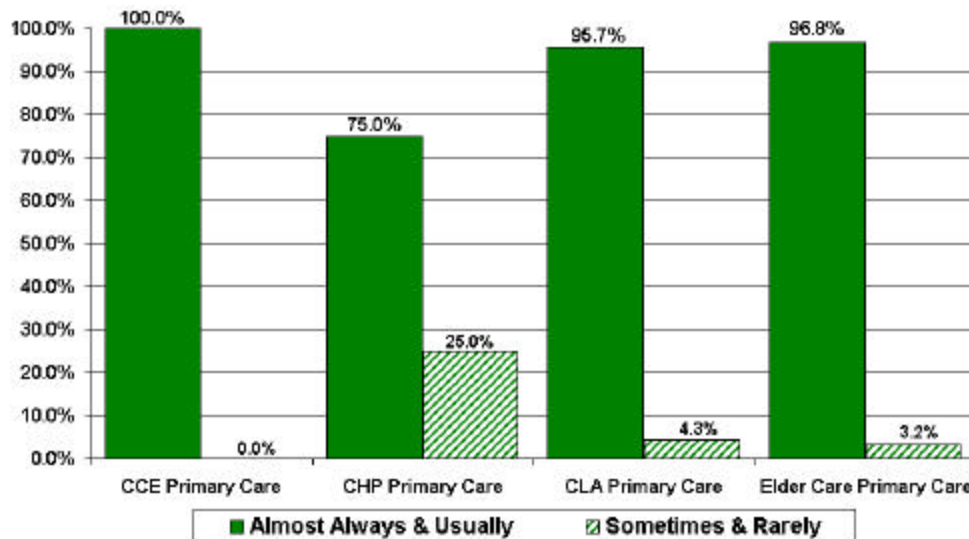
A possible explanation for the greater overall satisfaction among the primary care providers may be that there is a preference or priority by program staff to communicate more timely with physicians. Such preference could be based on a higher perceived professional status of primary care physicians and could help explain the physicians’ greater satisfaction with program staff response time and quicker access to other needed information.

The lesser levels of overall satisfaction among home health respondents may be partially explained by the financial challenges and difficulties confronting many home health agencies in light of Medicare reductions and limitations. Such difficulties can easily radiate on overall satisfaction levels and be reflected in the responses.

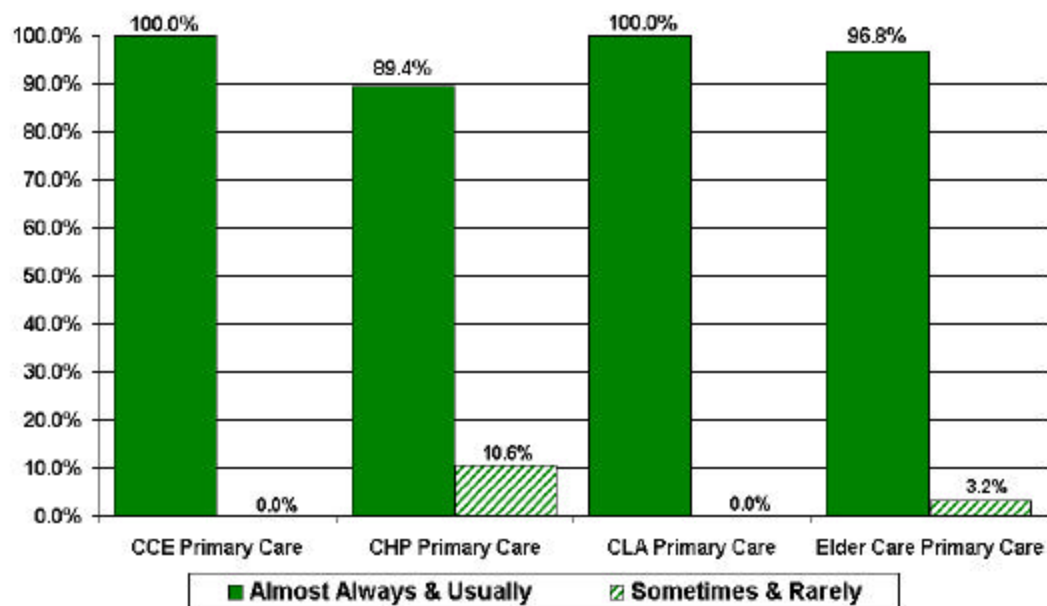
Survey Findings: Comparing Responses Among Partnership Organizations

The following graphs compare the primary care providers' responses by the Partnership Organizations. The number of home health care surveys completed was too small for a similar comparison.

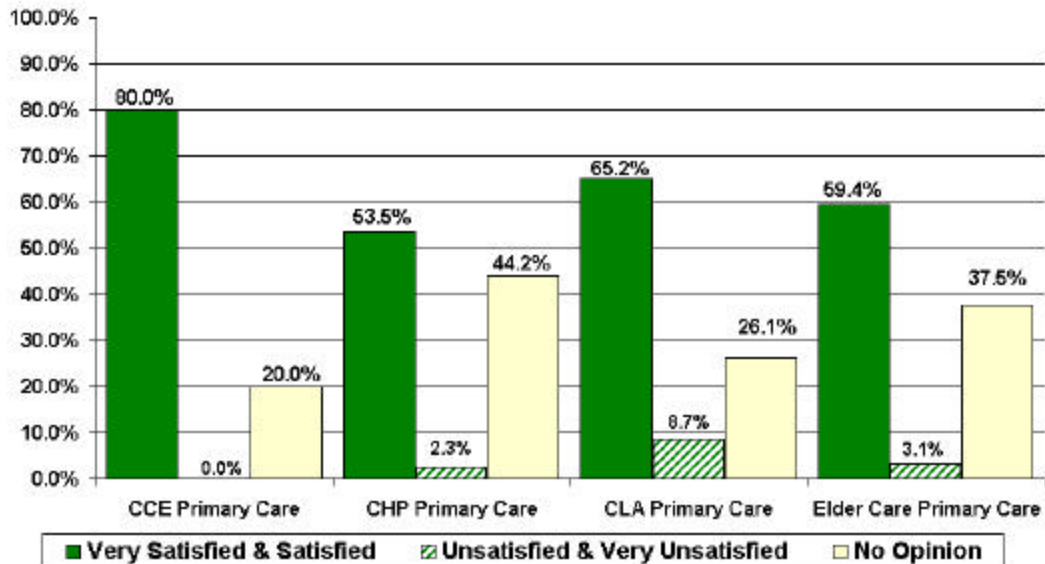
**"Do you have the needed background information?"
Responses by Organization**



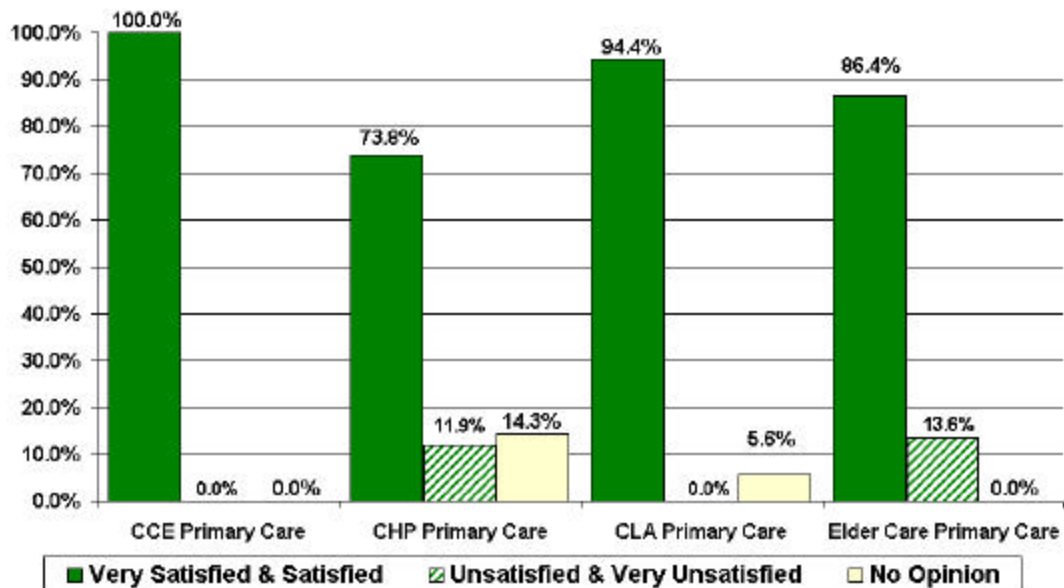
**"Do you receive requested information timely?"
Responses by Organization**



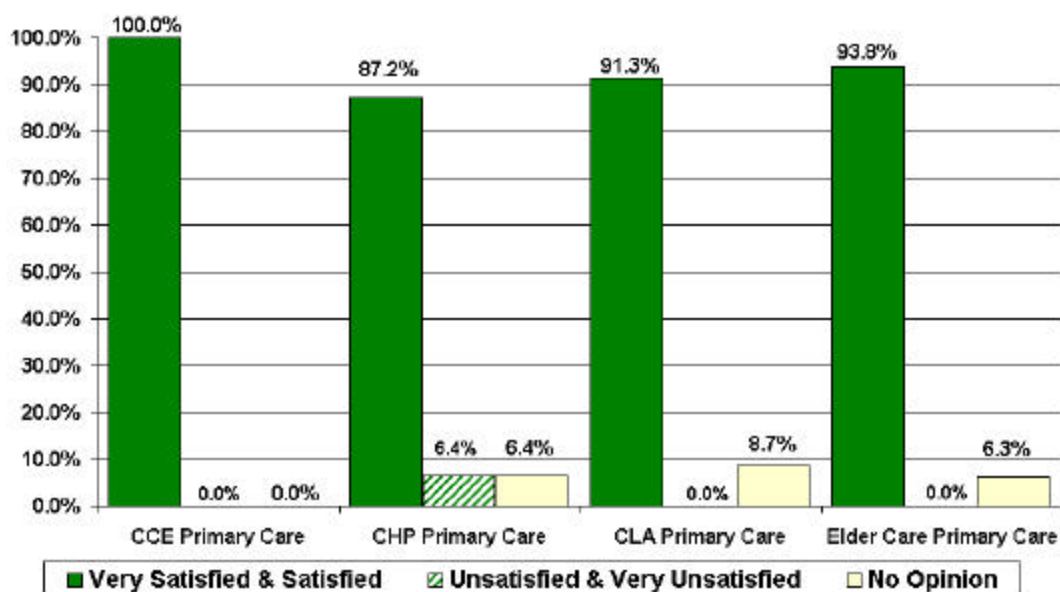
"How satisfied are you with appropriate reimbursement?" Responses by Organization



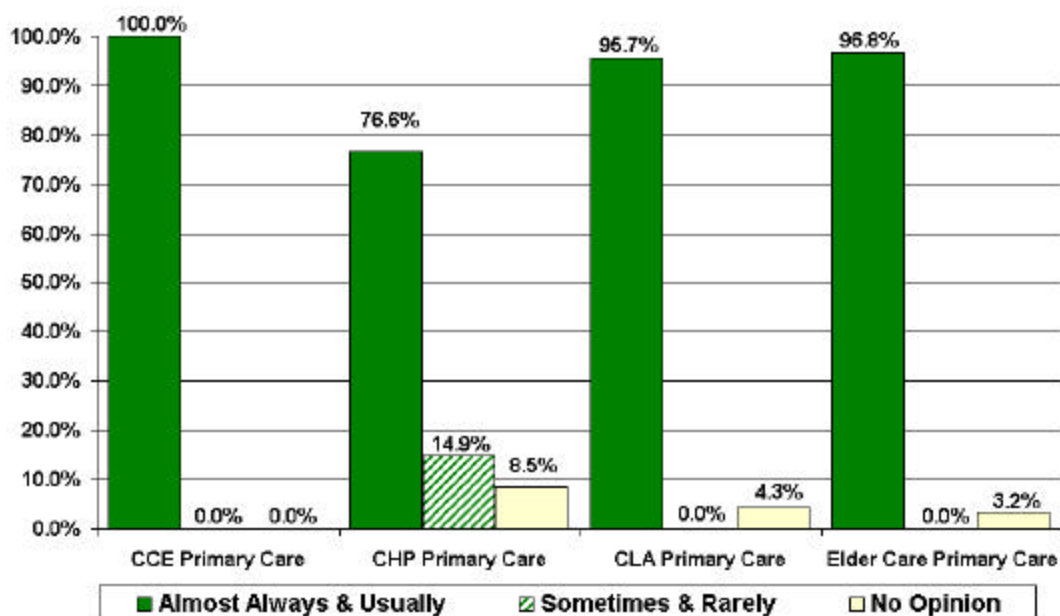
"How satisfied are you with the amount of paperwork?" Responses by Organization



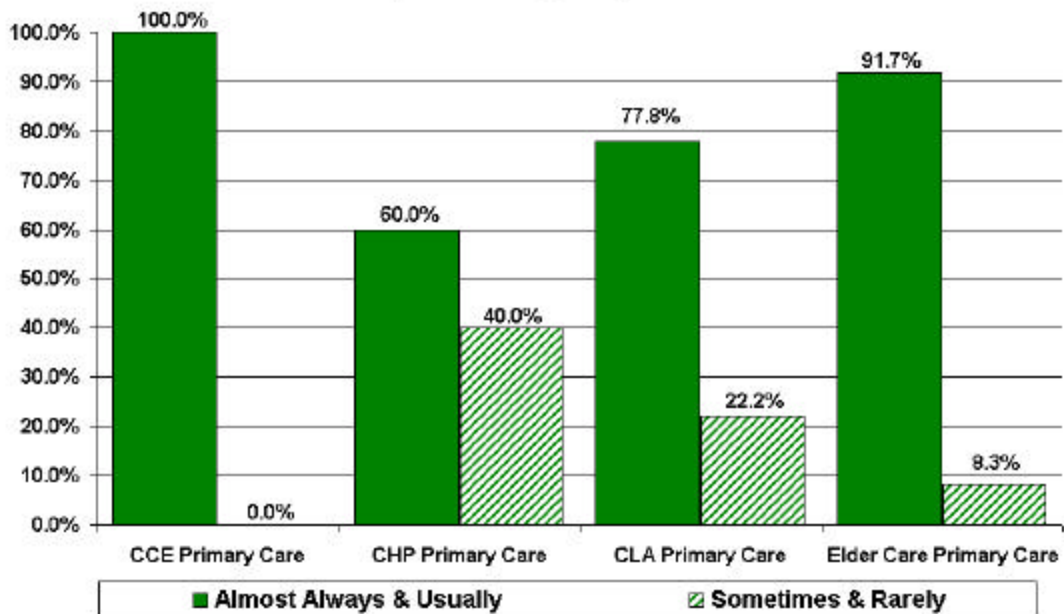
"How satisfied are you with the amount of phone work?" Responses by Organization



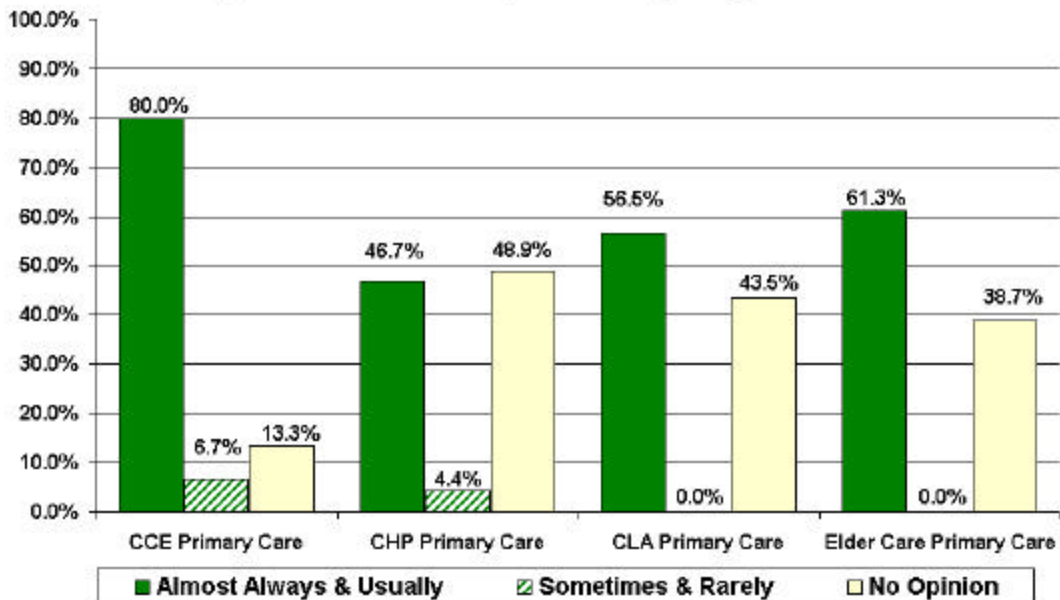
"How satisfied are you with the Partnership Program model?" Responses by Organization



"How accessible is the nurse practitioner?" Responses by Organization



"How satisfied are you with access to out-of-network providers?" Responses by Organization



Summary of the Findings that Compare Partnership Organizations

- For all questions, levels of satisfaction exceed levels of dissatisfaction for all the organizations.
- One of the organizations (CHP) shows lower satisfaction rates across the board.

- Accessibility of the nurse practitioner garnered the lowest ratings. Forty per cent and 22.2% of the primary care providers from two organizations responded that the nurse practitioner was “sometimes and rarely” available.
- More than one-third of the primary care providers who completed the survey had “no opinion” about satisfaction with reimbursement and access to out-of-network providers.

Discussion of the findings

The lower rates of satisfaction on all items among the providers of the CHP site are among the most obvious findings in the second part of the analysis. Possible explanations include the fact that CHP has the largest provider network (number of providers) and serves a more rural area with a more dispersed population. The result is that, on average, a CHP provider serves only 2 or 3 Partnership participants compared to an average of 4 to 5 per provider at CLA, and 6 to 7 at CCE and Elder Care. CHP providers may be less involved and aware of the program.

CHP has experienced the fastest rate of membership growth. The rate of staff growth would also have to be fast to accommodate new members. A consequence of increasing staff levels quickly is that proportionately, more staff are in a development phase and not as knowledgeable about policies and procedures.

Satisfaction at the CCE site in Milwaukee seems to be the highest across the board. CCE offers both the PACE and Partnership Programs for the frail elderly in an urban area and its primary care providers have on average more patients. More patients per physician may result in greater involvement and greater satisfaction. Another possible explanation is that several administrative functions like claims processing are provided by CCE. Those same functions at the other three sites are provided by an external agent and may be performed in a less timely manner. Such delays may create less satisfaction by providers and be reflected in some of the questions.

Statistical analyses and significance of the findings

The most appropriate statistical analysis of the provider type data obtained by the survey would be correlation (between ordinal data represented by the level of satisfaction and nominal data represented by the provider type) and other measures of association such as chi-square. Alternately, a t test for significance between means can also be performed. The second part of the analysis, which relates to comparison among sites, would involve conducting measures of association after a dichotomization of the data has been performed (for example, CHP vs. all other sites combined, or CCE vs. all other sites combined.) Alternately a 2 or 3 way ANOVA can also be performed to identify significant differences among the sites.

Following extensive review of the distribution of responses that were used in the two primary analyses (between provider types, and among sites), it was determined that the distributions of responses have yielded insufficient variation to perform meaningful

significance tests. Such lack of variability results in insufficient cell size when performing chi-square and other calculations to measure associations.

It should be noted that the limitations in performing tests of statistical significance apply to the bi-variate analysis (e.g., looking for relationships between type of response on the one hand and provider type and program site on the other. It is clear that the extreme differences in responses within provider types and within sites (high rates of satisfied responses vs. low rates of lack of satisfaction) are highly significant in addition to being obvious.

In examining these results, it is important to understand that they are not absolutely precise measurements. When interpreting the results from this sample of surveyed providers, or any sample of any population, one must understand the **confidence interval** and the **confidence level**.

The **confidence interval** is the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, a poll might report that 47% of the polled voters support one candidate, but caution that with a confidence interval of plus or minus 5 percentage points, the race is actually a dead heat. In this case, the message is that if every actual voter had been asked, we can be pretty darn sure that between 42% and 52% of them (47% plus and minus 5%) would intend to vote for the candidate.

The **confidence level** tells you how confident you can be. Using the case above, if that same poll had reported a confidence level of 95%, it would mean that if we had conducted that same poll using 100 different samples of voters from the same population, we would have gotten that result 95 times.

The accuracy also depends on the percentage of the sample that selects a particular answer. If 99% of the sample said "Yes" and 1% said "No" the chances of error are remote, irrespective of sample size. However, if the percentages are 51% and 49% the chances of error are greater. It is easier to be sure of extreme answers than of middle-of-the-road ones. The accuracy is also affected by the degree of similarity of each element within the population. For this survey, because of the response rate and similarity of responses, the aggregate primary care responses are statistically valid for the population (all primary care providers in the network) at a 95% confidence level and interval of 5.5% for all of the questions.

However, the aggregate home health care responses are statistically valid for the population (all home health care providers in the network) at a 95% confidence level but at an interval of 10%.

The responses of primary care providers by Partnership Organization are not statistically valid for the Organization's population because of the small numbers and disparity of responses. For example, the last three paragraphs mean that we cannot statistically infer that CLA's primary care provider's satisfaction with the amount of telephone work is valid for **all of CLA's primary care providers**. However, we can say that the aggregate primary care response for that question **is** statistically valid (with 95% confidence and a

5.5% interval) for all primary care providers in the network. We can also make comparisons of the responses between Organizations for both primary care and home health care providers.

Written Comments

Forty-two of the completed surveys had written comments on them and additional comments were sent to the researcher via Email. The comments are attached and provide some valuable information. Many comments included simple statements such as “great program”, “great staff” and “excellent services”. The more critical comments, mostly by primary care providers, made references to high staff turnover, availability of the nurse practitioners, and two noted concerns about the variability of the nurse practitioner skills.

The comments from the home health care providers were more lengthy and variable. Several comments were critical of the contractual agreement—referral of patients, timely and adequate reimbursement—and poor return of telephone calls.

Summary and Recommendations

The survey response rates of 42.5% (153 of 360) meets or exceeds the average rate of return for similarly mailed surveys. In general, the primary care and home health care providers are much more satisfied than dissatisfied. Areas that show the highest levels of overall satisfaction are the amount of work using the telephone (91.4% “very satisfied & satisfied”), and receiving information in a timely manner (91.4% “almost always & usually”). There were some differences even among the high satisfaction items. For example, 94.8% of the primary care providers said they receive information timely “almost always & usually” whereas only 80.0% of the home health care providers had the same response.

The accessibility of the nurse practitioner received the lowest marks from primary care providers with 18.7% rating the accessibility as “sometimes & rarely”. The home health care providers gave the least positive responses to receiving background information and timely information with about 20% indicating “sometimes & rarely”. The written comments reaffirmed some of the findings from the survey. Overall, in their comments home health care providers expressed more discontent than primary care providers did.

The results of the study reported here should be treated with caution. While overall high rates of satisfaction are very encouraging and should not be taken for granted, the explanatory aspect of the study is still exploratory. Further research would be needed to identify the causes that can explain, for example, the disparities between the CHP and CCE sites and those between primary care providers and staff in home health care agencies. Going forward, it may be more worthwhile to conduct a random, in depth interview of providers to gain more insight rather than a short questionnaire. The Partnership sites will also be asked to identify surveys or studies that could be conducted to better meet their needs.

Nancy Crawford, Program & Planning Analyst, January 15, 2002